Energy Intake Form	Priority							
CSD 43 (12/2014)			Points:		A.C.C.			
002 10 (12/2011)			Job Control Cod	e				
Agency:		Intake Initials:	Intake Date:			Eligibility	Cert Date:	
First Name	Middle Initia	l Last Name			•		Date of Birth	
							M M D D	Y Y
Mailing Address	ck if same as service	address					Unit Number	
Mailing City		Mailing Co	inty	Mailin	g State		Mailing ZIP Code	
-		Walling Col	unty	Iviaiiii	g otate		, and the second	
Service Address (Do not use P.O. Bo	x)						Unit Number	
Service City		Service Co	unty	Servic	e State		Service ZIP Code	
		OCIVICO OO	unty	001110	CA		0011100 211 0000	
Social Security Number (SSN):		Teleph	one Number: (	)			П М	essage Only?
PEOPLE LIVING IN HOUSEHOLD	INCOME		U	TILITY BILL DI	SCOUNT			
Enter the total number	<b>√</b>		_			discount	on your monthly u	tility bill!
of people living in the	\	ne <b>total number</b> of nold members who	\	•	•		and ask about red	•
household, including the	/	receive income>	/	ograms.	our utility t	ompany	and don about roa	acca rate
applicant> Enter the number of people who are:	Fotor total	gross monthly income for		hich utility compa	ınv do vou w	ant naid?		
2 years old or younger		gross monthly income it ng in the household:	or all	men unity compa	iiiy uo you w	ant paid?		
Ages 3 - 5 years	TANF	\$						
Ages 6 - 18 years	SSI/SSP	<u> </u>	Ac	count Number:				
Ages 19 - 59 (Adult)	SSA/SSDI	¥						
Ages 60 or older (Elderly)	Paycheck(	· · · · · · · · · · · · · · · · · · ·						
Disabled	Interest	\$	Na	ame of customer	on the utility	bill:		
Native American	Pension	\$						
Limited-English Speaking	Other	\$						
Seasonal or Migrant	TOTAL IN	COME \$		Check here if		are includ		ere if utilities are
Farmworker		• •		rent or sub-m	ietered.		all electri	C
* Questions 1-5 (below) are MANDA	ATORY fields.							
1. What is the main fuel you us	e to HEAT vour ho	me? (SELECT ONL)	ONE)					
	pane I	Wood	Other Fu					
☐ Electricity ☐ Fue	l Oil I	Kerosene	Unknow	n				
2. In addition to the main heati	ng fuel you listed i	n Question 1, do yoւ	ever use any o	of the followi	ng to HE	AT your l	nome (you can c	heck more
than one):								
Electricity (such as space heate	are)	Wood (in a fireplace o	r wood stove)		□ N/A			
Electricity (Such as space fleate	15)	vvoou (in a lirepiace o	r wood stove)		II IN/A			
3. If you chose NATURAL GAS	or ELECTRICITY i	n Question 1:						
-		4						
Do you currently have a past of	ue notice?			☐ YES	s [	NO	□ N/A	
Is your gas or electricity currer	atly shut off / discon	nected?		☐ YES		1 NO	□ N/A	
is your gas or electricity currer	tly Shut on / discom	nected?		L YES	5 L	NO	□ N/A	
4. If you chose PROPANE, FUE	L OIL. WOOD. KE	ROSENE or OTHER I	FUEL in Questio	on 1:				
					. —			
Approximately how many days	until you run out of	fuel completely	(enter n	umber of day	s):		□ N/A	
				☐ YE	s [	NO	□ N/A	
Are you currently out of fuel?								
Are you currently out of fuel?						□Y	ES 🗆 N	0
	household CURR	ENTLY receiving Cal	Fresh (Food Sta	amps)?				0
Are you currently out of fuel?  5. Are you or someone in your	household CURR	ENTLY receiving Cal	Fresh (Food Sta	amps)?				
			•		this informa	tion to be s	hared with other office	
Are you or someone in your  The information on this application will be and federal governments, their designated.	used to determine and v	erify my eligibility for assist ty company(ies), and for m	ance. My signature y utility company(ies	gives consent for ) to share my acc	count informa	ation with th	ne Department of Comi	s of the state munity Services
5. Are you or someone in your The information on this application will be and federal governments, their designated and Development (CSD), its designated s	used to determine and v d subcontractors, my utili ubcontractors, and other	erify my eligibility for assist ty company(ies), and for m offices of the state and fed	ance. My signature y utility company(ies eral governments fo	gives consent for ) to share my acc r the purpose of	count information providing se	ation with the	ne Department of Comi e and to coordinate, im	s of the state munity Services prove and
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Agency Defined Priorities: Medically Needy

Frail Elderly

Severe Financial Hardship

Hard To Reach

Priority Offsets